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|  |  | CONTROL DE ACTIVIDADES |  |  |

OBJETIVO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Descripción Actividad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RESPONSABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HORA INICIO: \_\_\_\_\_\_\_\_\_\_\_ HORA FINAL: \_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRUPO OBJETIVO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| N° | ITEM | SI | NO | VALORACIÓN | | | |
| 1 | 2 | 3 | 4 |
| 1 | SE INICIO PUNTUALMENTE LA ACTIVIDAD |  |  |  |  |  |  |
| 2 | SE CUMPLIERON LOS OBJETIVOS PLANTEADOS |  |  |  |  |  |  |
| 3 | LA ACTIVIDAD FUE CLARA Y PERTINENTE |  |  |  |  |  |  |
| 4 | HUBO INTEGRACIÓN DEL DOCENTE A LA ACTIVIDAD: (EN CASO DE SER NEGATIVA: POR QUÉ?): |  |  |  |  |  |  |
| 5 | HUBO DOMINIO DEL GRUPO OBJETIVO (LIDERAZGO) |  |  |  |  |  |  |
| 6 | LA PARTICIPACIÓN DE LOS ESTUDIANTES FUE ADECUADA |  |  |  |  |  |  |

**(1=BAJO 2=REGULAR 3=BUENO 4=EXCELENTE)**

**ASPECTOS PARA RESALTAR**

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| **POSITIVOS** | **NEGATIVOS** |
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**FIRMA TALLERISTA Y/O PROMOTOR FIRMA DOCENTE**